

## **IMPORTANT MESSAGE REGARDING PREPARATION AND SUBMISSION OF SPREADSHEETS**

It is important that you read this entire message regarding the required spreadsheets that must be submitted with Local Recipient Organizations' (LROs) Phases 37, CARES and 38 Final Reports as there have been some changes to the spreadsheets.

With the Phases 37, CARES and 38 Final Report submission, spreadsheets must be **electronically** submitted with the LRO Final Reports during the e-signing process. Spreadsheets submitted online during the e-signing process are **NOT** required to be mailed, e-mailed, or faxed to the National Board. The EFSP Website Guide has the step-by-step instructions regarding the submission of the spreadsheets. Please also reference the pre-recorded LRO and Local Board Final Report webinars under the Training Workshop on the website. Additional Final Report materials can also be found on the dashboard under "Final Report" on the website.

A spreadsheet must be provided for each funded category, including "Administration" and the newly added category for **"Personal Protective Equipment (PPE)"**. If the spreadsheets are not completed accurately, it will result in compliance exceptions and will delay Phase 39 and ARPA (R) funds to a funded LRO.

- All spreadsheets must include the phase number, LRO's name and 9-digit ID number.
- All spreadsheets must be sorted appropriately. If the spreadsheets are not sorted by the requirements noted on each sample spreadsheet, it will result in compliance exceptions and will be returned to the LRO for correction.
- All spreadsheets must be submitted separately for each Phase with the LRO Final Report.
- Since Phases 37, CARES and 38 were administered almost concurrently, EFSP will review the three Phases of Final Reports side by side to ensure there were no duplication of benefits. When organizing the documentation, please avoid splitting an invoice or transaction between Phases.
- Expenditures that have been submitted for other EFSP grants or other federal grants, may not be charged to Phases 37, CARES and 38.

After reviewing this guidance and the sample spreadsheets, if you have questions please contact the EFSP staff at [efsp@uww.unitedway.org](mailto:efsp@uww.unitedway.org) or 703.706.9660.

# EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

## SPREADSHEET GUIDANCE

December 2021

This document is provided to assist in the understanding of the accountability for the EFSP Local Boards and Local Recipient Organizations (LROs) in documentation support for expenditures made with EFSP funds. This is not a substitute for the EFSP Responsibilities and Requirements Manual (EFSP Manual). For more complete information on required documentation and retention guidelines, please reference the EFSP Manual.

### IMPORTANT:

- **Spreadsheets must be submitted for all program categories.** In Phases 37, CARES and 38, LROs are allowed to use EFSP funding to purchase **Personal Protective Equipment (PPE)**. PPE expenditures must be submitted on a separate spreadsheet. See the sample spreadsheet for PPE on page 12. **PPE expenditures are limited to 10% of total funds received by the LRO in each Phase.**
- A spreadsheet is not required when using the per meal, per diem allowance and mileage logs. The per meal, per diem schedules and mileage logs replace the spreadsheet.
- Spreadsheets alone are not sufficient to document EFSP expenditures. Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be obtained, maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual.
- Documentation for administrative costs must be obtained, maintained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. This documentation may be requested at any time.
- The total EFSP amount is required to be in the spreadsheet and must equal the amount reported in the category on the Final Report.
- A report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in the samples. The order of the items in the report or spreadsheet should be the same as noted in the samples as much as possible. **If the required elements are omitted, this will cause compliance problems and delay future funding.**

**The sample spreadsheets are attached to this document for your reference.**

Eligible Expenditure Categories of the Emergency Food and Shelter National Board Program	Required Elements for Spreadsheets
<ul style="list-style-type: none"> <li>▪ Served Meals</li> <li>▪ Other Food</li> <li>▪ Mass Shelter</li> <li>▪ Other Shelter</li> <li>▪ Rent/Mortgage</li> <li>▪ Supplies and Equipment</li> <li>▪ <b>Personal Protective Equipment (PPE)</b></li> <li>▪ Rehabilitation (Emergency Repairs/Building Code)</li> <li>▪ Utilities (Energy)</li> <li>▪ Administration</li> </ul> <p>Spreadsheets may be submitted for mass feeding (per meal schedule) and mass shelter (per diem schedule) categories; a mileage log may be submitted for transportation expenditures. <u>If a schedule is submitted, the spreadsheet does not have to be provided to the National Board. Samples of these schedules are included in this packet.</u></p> <p>Documentation must be maintained by the LRO to support all expenditures and must be submitted to the National Board, if requested.</p>	<ol style="list-style-type: none"> <li>1. Billing Period Covered with Payment</li> <li>2. Building Code Citation Date</li> <li>3. Client First Name</li> <li>4. Client Last Name</li> <li>5. Client Street Address</li> <li>6. Dates of Stay</li> <li>7. Due Date</li> <li>8. (Due Date)/Delivery Date</li> <li>9. EFSP Portion of Check Amount</li> <li>10. Invoice/Receipt Amount</li> <li>11. Invoice/Receipt Date</li> <li>12. Invoice/Receipt Number</li> <li>13. Landlord/Mortgage Co. Name</li> <li>14. Member Agency Name</li> <li>15. Month Covered with Payment</li> <li>16. Monthly Rent/Mortgage</li> <li>17. Page Numbers</li> <li>18. Payment/Check Clear Date</li> <li>19. Payment/Check Date</li> <li>20. Payment/Check Number</li> <li>21. Payroll Registers</li> <li>22. Phase and LRO Identification</li> <li>23. Total Check Amount</li> <li>24. Type of Repair</li> <li>25. Type of Service</li> <li>26. Vendor Name</li> </ol>

This document contains sample spreadsheets with the required elements that must be provided for each eligible spending category of the Emergency Food and Shelter Program (EFSP). An explanation of each element has been provided.

Please ensure all spreadsheets submitted with the Final Report are clear and legible. All the information on the spreadsheets must be easily identified for review. This will prevent possible compliance exceptions and delay in the release of future funding.

**Required Elements Explanation**

1. **Billing Period Covered with Payment:** service period paid for client’s utility bill; if a non-metered utility bill is paid, indicate not applicable (N/A) on the spreadsheet. If an LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the “billing period covered” information is not required on the spreadsheet. Enter “N/A” in the column labeled “billing period covered”.
2. **Building Code Citation Date:** date the agency (feeding or shelter site) received the citation from the local city/county government indicating required work needed on building where services are provided

3. **Client First Name:** legal name of the individual seeking assistance **(this only applies to other shelter, rent/mortgage and utility categories)**
4. **Client Last Name:** legal name of the individual seeking assistance **(this only applies to other shelter, rent/mortgage and utility categories)**
5. **Client Street Address:** residence of the individual seeking assistance; the individual must be responsible for the service at the address **(this only applies to rent/mortgage and utility categories)**
6. **Dates of Stay:** for assistance made in the OTHER SHELTER category, indicate the dates the clients stayed in the motel, hotel, etc.
7. **Due Date:** date the client's rent/mortgage and/or utility bills had to be paid **(this only applies to rent/mortgage and utility categories)**
8. **Delivery Date:** if a non-metered utility bill (propane, firewood, coal, kerosene) is paid, indicate the date of delivery to the client
9. **EFSP Portion of Check Amount:** portion of the purchase paid with EFSP funds; the column must be totaled on each page if multiple pages are required for the category. The total amount must be provided for the category on the last page, if multiple pages are required.
10. **Invoice/Receipt Amount:** total cost of purchase
11. **Invoice/Receipt Date:** date the vendor prints on the invoice or receipt
12. **Invoice/Receipt Number:** preprinted number on the invoice/receipt from vendors; if there is no invoice number, indicate not applicable (N/A) on the spreadsheet
13. **Landlord/Mortgage Company Name:** individual or company that a client is required to pay their rent or mortgage payment to each month
14. **Member Agency Name:** food banks must provide the name of the agency(ies) that received food when using a shared maintenance fee.
15. **Month Covered with Payment:** service period paid for client's rent/mortgage (month paid)
16. **Monthly Rent/Mortgage:** a client's regular/usual rent or mortgage (principal and interest only) **(no deposits, late fees or other fees)**
17. **Page Numbers:** number all pages of the spreadsheets, when multiple pages are required for a category.
18. **Payment/Check Clear Date:** date the payment/check goes through banking system (also known as cancellation date of a check); EFSP generally references the check or the bank statement for this information. If an agency's debit/credit card is used, the date will be the same as the purchase date.
19. **Payment/Check Date:** date the payment/check is issued (date printed on the check, money order, etc.) to pay vendors; if an agency's credit/debit card is used, indicate the date of the purchase **(do not include the card number)**.
20. **Payment/Check Number:** preprinted number on check, money order, etc. used to pay vendors for service; if an agency's credit/debit card is used, indicate credit card or debit card in the spreadsheet **(do not include the card number)**.
21. **Payroll Registers:** payroll registers from the LRO's system for all employees who worked on the EFSP and the percentage of time charged to EFSP
22. **Phase and LRO Identification (Name and Number):** provide the Phase number and the LRO's name and 9-digit ID number.
23. **Total Check Amount:** cost paid to vendors for services provided for agency or clients
24. **Type of Repair:** for expenditures made in the REHABILITATION category, briefly explain the type of repair.
25. **Type of Service:** for utility payments, indicate if the assistance was for gas, electric, water, propane, kerosene, firewood or coal
26. **Vendor Name:** company or individual that provided services for agency or clients

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the *Served Meals* category (*when not using the per meal allowance*) with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in *order by payment/check number*. *The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.*

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

*Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.*

**SERVED MEALS EXPENDITURES**

(A spreadsheet is required when not using the per meal allowance. The per meal schedule replaces the spreadsheet and documentation.)

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
12381	10/28/2020	10/30/2020	10/12/2020	CH54321-20	Wholesale Warehouse	\$250.00	\$250.00	\$150.00
12386	10/28/2020	11/5/2020	10/13/2020	987675	Supplies and More	\$800.00	\$800.00	\$800.00
12387	10/28/2020	11/5/2020	10/15/2020	LK-555-05	Buy More, Inc.	\$800.00	\$800.00	\$700.00
12391	10/30/2020	11/15/2020	10/20/2020	8887-985	Plates and more	\$1,000.00	\$1,000.00	\$1,000.00
12393	10/30/2020	11/14/2020	10/18/2020	8887-988	Plates and more	\$1,000.00	\$1,500.00	\$1,000.00
12393	10/30/2020	11/14/2020	10/18/2020	8888-231	Plates and more	250.00	\$1,500.00	150.00
<b>Total</b>								<b>\$3,800.00</b>

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

# SAMPLE DAILY PER MEAL LOG

**Phase Number: 38**

**Local Board ID Number: 9876-54**

**LRO ID Number: 9876-54-325**

## FEEDING WITH CARE

**340 Tester Drive**

**Food City, USA**

<b>Date (month/day/year)</b>	<b>Number of Meals Served</b>	<b>Per Meal Rate (\$2.00)</b>	<b>TOTAL</b>
<b>9/12/2020</b>	<b>125</b>	<b>\$2.00</b>	<b>\$250.00</b>
<b>9/13/2020</b>	<b>100</b>	<b>\$2.00</b>	<b>\$200.00</b>
<b>9/20/2020</b>	<b>150</b>	<b>\$2.00</b>	<b>\$300.00</b>
<b>9/25/2020</b>	<b>124</b>	<b>\$2.00</b>	<b>\$248.00</b>
<b>10/1/2020</b>	<b>100</b>	<b>\$2.00</b>	<b>\$200.00</b>
<b>10/3/2020</b>	<b>155</b>	<b>\$2.00</b>	<b>\$310.00</b>
<b>Total</b>	<b>754</b>		<b>\$1,508.00</b>

**Per meal schedule must show a daily count, and it must be sorted by the service date for each location.**

**A blank sample of this form can be found in the EFSP Responsibilities and Requirements Manual and on the EFSP website under FORMS.**

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Other Food** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in **order by payment/check number**. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**OTHER FOOD EXPENDITURES**

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
12365	8/28/2020	9/5/2020	8/12/2020	CH54321-05	Wholesale Warehouse	\$250.00	\$250.00	\$150.00
12366	8/28/2020	10/1/2020	8/12/2020	987654	Bulk Food Supplier	\$875.00	\$875.00	\$875.00
12375	8/28/2020	9/15/2020	8/10/2020	546-987	Buy More, Inc.	\$800.00	\$800.00	\$700.00
Credit Card	8/30/2020	8/30/2020	8/30/2020	24357	Community Grocery	100.00	100.00	50.00
<b>Total</b>								<b>\$1,775.00</b>

The spreadsheet below should be used by LROs who are Food Banks that use EFSP funding to cover the costs of shared maintenance fees. If your agency is not a Food Bank and does not charge shared maintenance fees to other agencies, please do not use the spreadsheet below.

Member Agency Name	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Invoice/Receipt Amount	*EFSP Portion of Check Amount
County Food Pantry	8/12/2020	CH54321-05	\$250.00	\$150.00
City Feeding Program	8/12/2020	987654	\$875.00	\$875.00
<b>Total</b>				<b>\$1,025.00</b>

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the *Mass Shelter* category (when not using a per diem allowance) with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**MASS SHELTER EXPENDITURES**

(A spreadsheet is required when not using a per diem allowance. The per diem schedule replaces the spreadsheet and documentation.)

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
12395	10/28/2020	11/20/2020	10/20/2020	CH54321-22	Wholesale Warehouse	\$250.00	\$250.00	\$150.00
12396	10/28/2020	11/10/2020	10/25/2020	987678	Supplies and More	\$800.00	\$800.00	\$800.00
12397	10/28/2020	11/10/2020	10/11/2020	LK-555-10	Buy More, Inc.	\$800.00	\$800.00	\$700.00
12398	10/30/2020	11/5/2020	10/19/2020	8887-CHC	Beds and Stuff	\$1,000.00	\$1,000.00	\$1,000.00
12399	10/30/2020	11/5/2020	10/19/2020	8887-CHC	Beds and Stuff	\$1,500.00	\$1,500.00	\$1,000.00
<b>Total</b>								<b>\$3,650.00</b>

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. [Spreadsheets must be submitted for all program categories.](#)

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.



# SAMPLE DAILY PER DIEM LOG

**Phase Number: 38**

**Local Board ID Number: 9876-54**

**LRO ID Number: 9876-54-321**

**ABC SHELTER HOME  
333 Tester Drive  
Food City, USA**

<b>Date (month/day/year)</b>	<b>Number of Clients</b>	<b>Per Diem Rate (exactly \$7.50 or \$12.50 as approved by Local Board)</b>	<b>TOTAL</b>
9/12/2020	25	\$12.50	\$312.50
9/13/2020	50	\$12.50	\$625.00
9/20/2020	30	\$12.50	\$375.00
9/25/2020	25	\$12.50	\$312.50
10/1/2020	22	\$12.50	\$275.00
10/3/2020	30	\$12.50	\$375.00
<b>Total</b>	<b>182</b>		<b>\$2,275.00</b>

**Per diem schedule must show a daily count, and it must be sorted by the service date for each location.**

**A blank sample of this form can be found in the EFSP Responsibilities and Requirements Manual and on the EFSP website under FORMS.**

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Other Shelter** category with Emergency Food and Shelter Program (EFSP) funds. **The spreadsheet must be presented to the National Board in alphabetic order by the clients' last names. The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the spreadsheet, if required to be submitted.**

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**OTHER SHELTER EXPENDITURES**

Client Last Name	Client First Name	Dates of Stay	Vendor Name	Invoice Date (MM/DD/YY)	Invoice Amount	Invoice Number (If no invoice number, enter NA)	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	*EFSP Portion of Check Amount
Adams	Tester L.	7/21/2020-7/30/2020	City Place Motel	8/10/2020	\$250.00	98745	12468	8/28/2020	9/10/2020	\$250.00	\$250.00
Barr	Sample	7/21/2020-7/31/2020	City Place Motel	8/11/2020	\$300.00	98746	12469	8/28/2020	9/15/2020	\$300.00	\$300.00
Hughes	Sampler	7/10/2020-7/12/2020	City Place Motel	7/31/2020	\$125.00	98747	12475	8/28/2020	9/15/2020	\$125.00	\$125.00
Smith	Tester	7/11/2020-7/12/2020	Town Inn	8/1/2020	\$75.00	654	12478	8/30/2020	9/30/2020	\$75.00	\$75.00
Walker	Test	7/28/2020-7/30/2020	Family Inn	8/15/2020	\$165.00	521-01	12480	8/30/2020	9/6/2020	\$165.00	\$100.00
<b>Total</b>										<b>\$850.00</b>	

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible. **If the client's name cannot be provided because of confidentiality, please provide the supporting statute and provide the unique identifier on the spreadsheet for each client.**

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Supplies and Equipment** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**SUPPLIES AND EQUIPMENT EXPENDITURES**

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
12383	9/28/2020	10/3/2020	9/13/2020	CH54321-10	Wholesale Warehouse	\$250.00	\$250.00	\$150.00
12385	9/28/2020	10/15/2020	9/5/2020	987658	Bulk Food Supplier	\$800.00	\$800.00	\$800.00
12388	9/28/2020	10/14/2020	9/20/2020	546-658	Buy More, Inc.	\$800.00	\$800.00	\$700.00
12389	9/30/2020	10/3/2020	9/5/2020	6698888	Food and More	\$1,000.00	\$1,000.00	\$1,000.00
12390	9/30/2020	10/3/2020	9/5/2020	6698889	Food and More	\$1,500.00	\$1,500.00	\$1,000.00
<b>Total</b>								<b>\$3,650.00</b>

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Personal Protective Equipment (PPE)** category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds. PPE expenditures are limited to 10% of total funds received by the LRO in each Phase.

**PERSONAL PROTECTIVE EQUIPMENT (PPE) EXPENDITURES**

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
23512	9/28/2020	10/3/2020	8/13/2020	CHZKML-789	Wholesale Warehouse	\$250.00	\$250.00	\$150.00
23608	9/22/2020	10/15/2020	9/7/2020	487-658	Safety Supplies	\$800.00	\$800.00	\$800.00
23798	9/28/2020	10/14/2020	9/25/2020	487-692	Safety Supplies	\$800.00	\$800.00	\$700.00
Credit Card	10/12/2020	10/12/2020	10/12/2020	7698886	ABC Medical Store	\$1,000.00	\$1,000.00	\$1,000.00
<b>Total</b>								<b>\$2,650.00</b>

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. [Spreadsheets must be submitted for all program categories.](#)

**Reminder - PPE expenditures are limited to 10% of total funds received by the LRO in each Phase.**

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the Rehabilitation (Emergency Repairs/Building Code) category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**REHABILITATION (EMERGENCY REPAIRS/BUILDING CODE) EXPENDITURES**

Payment/ Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Building Code Citation Date (MM/DD/YY)	Invoice/ Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Type of Repair	Vendor Name	Invoice/ Receipt Amount	Total Check Amount	*EFSP Portion of Check Amount
12405	10/28/2020	11/3/2020	9/20/2020	10/15/2020	INV0587	Add Wheelchair Ramp to front entrance	ABC Construction Company	\$1,250.00	\$1,250.00	\$1,250.00
12407	10/28/2020	11/4/2020	9/20/2020	10/11/2020	987678	Make Bathroom Accessible	Handyman & More	\$500.00	\$500.00	\$500.00
									<b>Total</b>	<b>\$1,750.00</b>

Expenditures in this category require both Local Board and National Board written approval. For building code items, a copy of the building code citation is required. All of these items must be obtained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. If documentation is required to be reviewed by EFSP or other appropriate entities, these documents must be provided in the documentation for review to support the expenditures reported on the Final Report.

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the Rent/Mortgage category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in alphabetic order by the clients' last names. The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

RENT/MORTGAGE EXPENDITURES

Client Last Name (In Alphabetic Order)	Client First Name	Client Street Address (No PO Box)	Landlord/ Mortgage Company Name	Monthly Rent/ Mortgage	Due Date (MM/DD/YY)	Month covered w/payment (MM/YYYY)	Payment/ Check Number	Payment/ Check Date (MM/DD/YY)	Payment/ Check Clear Date (MM/DD/YY)	Total Check Amount	*EFSP Portion of Check Amount
Adams	Tester L.	123 A Street Alex, VA	Housing Authority	\$500.00	5/1/2020	5/2020	12354	7/15/2020	9/20/2020	\$250.00	\$250.00
Barr	Sample	456 B Street Alex, VA	Caring Group of Alexandria	\$875.00	6/1/2020	6/2020	12356	8/28/2020	9/21/2020	\$875.00	\$875.00
Hughes	Sampler	231 What Ave Alex, VA	S.R. Rental Company	\$955.00	7/1/2020	7/2020	12357	8/28/2020	9/30/2020	\$955.00	\$905.00
Smith	Tester	124 Play Place Happy, VA	S. R. Rental Company	\$975.00	8/1/2020	8/2020	12359	8/30/2020	9/5/2020	\$975.00	\$975.00
Walker	Test	543 Jump St. Happy, VA	S. K. Helper	\$1,125.00	7/1/2020	7/2020	12360	8/30/2020	9/6/2020	\$1,125.00	\$1,125.00
<b>Total</b>										<b>\$4,130.00</b>	

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. [Spreadsheets must be submitted for all program categories.](#)

**Reminder** - Payments must be made no more than 90 days after the rent due date or intake date. When providing rental assistance to clients who owed several months of rent, enter either the due date (original or the date printed on the eviction notice), or the intake date, whichever falls within the 90-day window under the due date column on the spreadsheet. Please refer to the EFSP Manual for other compliance requirements.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the **Utilities** category with Emergency Food and Shelter Program (EFSP) funds. **The spreadsheet must be presented to the National Board in alphabetic order by the clients' last names.** The documentation provided to support the expenditures attributable to EFSP should also be in order by clients' last names following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

UTILITY EXPENDITURES

Client Last Name (In Alphabetic Order)	Client First Name	Client Street Address (No PO Box)	Vendor Name	TYPE of Service	Due Date/Delivery Date* (MM/DD/YY)	Billing period covered w/payment	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	*EFSP Portion of Check Amount
Adams	Tester L.	123 A Street Alex, VA	ABC Utility Service	Gas	5/12/2020	3/10/2020-4/11/2020	12346	6/12/2020	6/20/2020	\$150.00	\$150.00
Barr	Sample	456 B Street Alex, VA	ABC Utility Service	Gas	6/12/2020	N/A	12349	7/20/2020	7/30/2020	\$75.00	\$75.00
Hughes	Sampler	231 What Ave Alex, VA	Town Water Company	Water	7/20/2020	6/2/2020-7/3/2020	12350	8/28/2020	9/25/2020	\$55.00	\$35.00
Smith	Tester	124 Play Ct. Happy, VA	Town Utility Coop	Electric	1/15/2020	11/5/2020-12/4/2020	12347	1/22/2020	2/28/2020	\$75.00	\$75.00
Walker	Test	543 Jump St. Happy, VA	Shell Propane Company	Propane	1/15/2020	N/A	12348	1/25/2020	2/22/2020	\$125.00	\$105.00
<b>Total</b>										<b>\$440.00</b>	

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories.

\* Payments must be made **no more than 90 days after the due date or intake date.**

- For non-metered utilities (propane, firewood, coal, kerosene), provide the date of delivery to client.
- For metered utilities, if paying from disconnect/shutoff notice, enter either the due date (original or the date from the notice), or the intake date, whichever falls within the 90-day window. Please refer to the EFSP Manual for other compliance requirements.

**Reminder -** If an LRO pays \$100 or less for a client from a past due balance of disconnect/cutoff/shutoff notice from the utility company, the “billing period covered” information is not required on the spreadsheet. Enter “N/A” in the column labeled “billing period covered”.

**\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on the Final Report.**

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to the National Board to support ALL expenditures made in the Administration category with Emergency Food and Shelter Program (EFSP) funds. The spreadsheet must be presented to the National Board in order by payment/check number. The documentation provided to support the expenditures attributable to EFSP should also be in payment/check number order following the spreadsheet, if required to be submitted.

Ensure that your agency's name is included on the page along with your LRO 9-digit ID number and the Phase number.

Phase: 38  
 LRO Name: Community Help Center, Everywhere, USA  
 LRO ID Number: 1234-00-123

Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to EFSP (if required) to support all expenditures made with EFSP funds.

**ADMINISTRATION EXPENDITURES**

Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter NA)	Vendor Name	Invoice/Receipt Amount	Check Amount	*EFSP Portion of Check Amount
12404	10/28/2020	11/10/2020	10/15/2020	87521479	Office Staff	\$50.00	\$50.00	\$50.00
12408	10/28/2020	11/12/2020	10/13/2020	CP-9865	Copier Plus	\$175.00	\$175.00	\$50.00
<b>Total</b>								<b>\$100.00</b>

Documentation for administrative costs must be maintained and retained per documentation retention requirements in the EFSP Responsibilities and Requirements Manual. This documentation may be requested at any time.

**IMPORTANT:** Spreadsheets along with documentation, even if documentation is not required to be submitted to the National Board, must be maintained and retained per documentation retention guidelines in the Responsibilities and Requirements Manual. Spreadsheets must be submitted for all program categories with the Final Report.

\*The total EFSP amount in the spreadsheet must equal the amount reported in the category on Final Report.

Please note that a report or spreadsheet from your agency's financial system is acceptable, provided it contains the required elements shown in this sample. The order of the items in the report or spreadsheet should be the same as noted above as much as possible.

**Note:** Submit the following in a separate spreadsheet if payroll information (from LRO's system) is provided to support EFSP expenditures.

<u>Payroll registers for all employees who worked on the EFSP and the percentage of time charged to EFSP</u>				
Employee Name	Payroll Date	Percentage	Payroll Amount	EFSP Portion of Payroll Amount
Smith, Tester	9/30/2020	25%	\$1,250.50	\$312.63
Smith, Tester	10/15/2020	25%	\$1,250.50	\$312.63
Smith, Tester	10/31/2020	25%	\$1,250.50	\$312.63
<b>Total</b>				<b>\$937.89</b>



# SAMPLE MILEAGE LOG

**Phase Number: 38**

**Local Board ID Number: 9876-54**

**LRO ID Number: 9876-54-123**

**ABC Food Pantry  
321 Tester Drive  
Food City, USA**

<b>Date (month/day/year)</b>	<b>Departure, destination, purpose of trip (each roundtrip)</b>	<b>Number of Miles</b>	<b>Mileage Rate (per mile)</b>	<b>TOTAL</b>
<b>9/12/2020</b>	<b>From food pantry to food bank to get food</b>	<b>250</b>	<b>\$.545/mile</b>	<b>\$136.25</b>
<b>9/13/2020</b>	<b>From food pantry to food bank to get food</b>	<b>250</b>	<b>\$.545/mile</b>	<b>\$136.25</b>
<b>9/20/2020</b>	<b>From food pantry to Farmers Market to get vegetables</b>	<b>50</b>	<b>\$.545/mile</b>	<b>\$27.25</b>
<b>9/25/2020</b>	<b>From food pantry to grocery store for meats</b>	<b>10</b>	<b>\$.545/mile</b>	<b>\$5.45</b>
<b>10/1/2020</b>	<b>From food pantry to Farmers Market to get vegetables</b>	<b>50</b>	<b>\$.545/mile</b>	<b>\$27.25</b>
<b>10/3/2020</b>	<b>From food pantry to grocery store for meats</b>	<b>10</b>	<b>\$.545/mile</b>	<b>\$5.45</b>
	<b>Total</b>	<b>620</b>		<b>\$337.90</b>

**Reference the EFSP Responsibilities and Requirements Manual/Addendum to the Manual for the approved mileage rate. The mileage log must be sorted by the service date.**

**A blank sample of this form can be found in the EFSP Responsibilities and Requirements Manual and on the EFSP website under FORMS.**